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23416 7590 09/15/2008

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Sara A. Bill	(Depositor's name)
	(Signature)
	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/578,120	05/01/2006	Joe D'Silva	07540-00005-USU	5033

TITLE OF INVENTION: PREPARING FOR INDIVIDUALIZED DOSAGE FORMS OF MEDICAMENTS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$720	\$300	\$0	\$1020	12/15/2008

EXAMINER	ART UNIT	CLASS-SUBCLASS
WAGGONER, TIMOTHY R	3651	221-007000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  
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- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  
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- 1  
2 Christine M. Hansen  
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(A) NAME OF ASSIGNEE

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Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☐ Corporation or other private group entity ☐ Government

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- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

*Christine M. Hansen*

Date

*October 16, 2008*

Typed or printed name

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